



State of California Franchise Tax Board

3567 BK AMNESTY
PLACE ADDRESS
LABEL HERE

Amnesty Installment Agreement Information

Purpose of the Form

If you have a financial hardship and cannot pay your tax in full during amnesty, you may be eligible to make monthly installment payments. If we approve your installment agreement, you may pay the tax you owe in monthly installments instead of immediately paying the amount in full. In return, you agree to make your monthly payments through electronic funds transfer (EFT). EFT allows you to automatically make payments to the Franchise Tax Board by a direct transfer of funds from your bank account.

By requesting an Amnesty Installment Agreement, you agree to:

- Ensure funds are available in your bank account on the debit date you requested or payments are made timely.
- File all future tax returns on time.
- File all missing income tax returns, including tax returns for amnesty years.
- Ensure all future tax liabilities are paid in full when you timely file your returns. This means you must have enough withholding credit or estimated tax payments to meet all your future tax liabilities.
- Pay a \$20 fee for this service. We will add the fee amount to your balance. This fee is subject to change on an annual basis.

How to Request an Installment Agreement

- You can apply online. Visit our Website at: **www.ftb.ca.gov** and select the Amnesty link. Then select *Amnesty Payment Options* and click on *Apply Online*, or
- Complete this Amnesty Installment Agreement Request form (FTB 3567 BK AMNESTY) in its entirety. **You must sign the form.**

Where to Mail the Form

FRANCHISE TAX BOARD
PO BOX 2952
SACRAMENTO CA 95812-2952

- The following illustration shows where to locate your bank routing number and account number on your check. Generally, your account number can be located next to the routing number. You need these numbers to answer questions 3 & 4 on form FTB 3567 BK AMNESTY.



Do not use a deposit slip to find the bank numbers. Contact your financial institution for assistance in getting the correct numbers.

The illustration shows a check from John Doe and Mary Doe at 1234 Main Street, Anytown, CA 99999. The check is dated 19____ and is payable to the order of \$_____. The bank is ANYTOWN BANK, Anytown, CA 99999. The routing number is 250250025 and the account number is 202020. The check number is 1234. A box indicates that the check number should not be included in the EFT payment information.

Questions and Answers

- Q. Why am I required to make my monthly payments through EFT?
- A. *EFT is convenient for the taxpayer. It helps prevent installment agreement defaults, and saves processing costs.*
- Q. Why should I make my payments as large as possible?
- A. *You should make the largest monthly payment possible to limit the amount of interest you pay. Interest will continue to accrue until your balance is paid in full.*
- Q. How can I be sure that enough money is withheld from my paycheck for current taxes?
- A. *Contact your employer for a W-4 or DE-4 form. Complete the worksheet with that form to ensure that enough money is being withheld from your paycheck.*
- Q. What happens if I have insufficient funds for the EFT?
- A. *If there are not sufficient funds in your account to cover your payment, we will add a dishonored payment penalty to your balance, and we may cancel your installment agreement. You will receive a Notice of Intent to Cancel, and we may require you to pay your balance in full within 30 days. If we agree to reestablish your installment agreement, you will be required to pay an additional fee of \$20.*
- Q. My bank account is located in another state. Can I still make payments using EFT?
- A. *Yes, you can use an out-of-state bank account for your EFT payments.*
- Q. Will the Franchise Tax Board file a lien against me if my installment agreement is approved?
- A. *In most cases, we will not file a state tax lien. If it is necessary to file a state tax lien, we will notify you in advance.*
- Q. Once I send you my installment agreement request, how soon should I expect to hear from the Franchise Tax Board?
- A. *You should receive an acknowledgement letter from the Franchise Tax Board within 30 days. The notice will show your monthly electronic funds transfer payment, the monthly bank transfer date, and provide you additional information regarding your installment agreement.*
- Q. What will happen to my future state tax refunds?
- A. *We will apply any state tax refund you are due to the total amount you owe. Tax refund credits are not in lieu of monthly payments.*

Amnesty Installment Agreement Request

Complete this form and mail it to the address shown above. Failure to provide complete information will delay the processing of your request. **Do not attach this form to your tax return.** If approved and you have a current installment agreement, we will cancel your original installment agreement and establish a new amnesty installment agreement. Your amnesty balance must be paid by June 30, 2006, or you will be in default of your amnesty. Payments will first be applied to Amnesty tax years. If your new amnesty installment agreement also includes non-amnesty years, we will continue to deduct your monthly payment after June 30, 2006, and reevaluate your installment agreement at that time.

If you are making this request for a joint liability, show the names and social security numbers (SSN) in the same order as on your California state tax return. **For Privacy Act Notice, get form FTB 1131.**

Print your first name	M.I.	Print last name	Your SSN (required)	
If joint, print spouse's first name	M.I.	Print last name	Spouse's SSN	
Current home address – number and street, PO Box, or rural route			Apt. No.	PMB No.
City, town, or post office			State	Zip Code
Your home phone number () _____	Your work phone number () _____ Ext. _____		Your spouse's work phone number () _____ Ext. _____	

If we approve your request, we agree to let you pay the tax you owe in monthly installments. In return, you agree to make your monthly installments by a direct transfer from your bank account once a month.

Enter your total account balance for all years

\$

Enter the amount you can pay each month.

Make your payments as large as possible to limit interest charges.

The charges will continue to accrue until the balance is paid in full

In addition, a \$20 fee will be charged for establishing the Amnesty Installment Agreement.

Enter the date of the month you want your bank to transfer funds to the Franchise Tax Board.

Please enter a date from the 1st through the 28th only

1. \$

2.

1st – 28th only

See  **Tip in Amnesty Installment Agreement Information for assistance in completing this section.**

3. Bank Routing Number – This is the first nine-digit number at the bottom of your check.	4. Bank account number – This must be a regular checking or savings account.
5. Bank name and address	

Please check one:
Checking ☐ Savings ☐

I certify that I have the authority to request an electronic debit from the account identified above and I authorize the Franchise Tax Board to initiate and process debit entries to the above account. This authorization will remain in effect until the balance due has been paid, the Franchise Tax Board cancels my amnesty installment agreement, or I notify the Franchise Tax Board at 1-800-689-4776 no later than 5 business days prior to the payment date to stop the debit entries.

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments, please call TTY/TDD (800) 822-6268.

I request that the amount in box 1 be debited from my account each month on the date specified in box 2. The transfer is authorized for the next business day if this day falls on a Saturday, Sunday, or a holiday.

If the Franchise Tax Board cannot deduct the monthly payment from my account because of insufficient funds or because the account is closed, the Franchise Tax Board may cancel my amnesty installment agreement. The Franchise Tax Board will charge me a dishonored payment penalty and possibly a collection fee. I will be responsible for any overdraft fees charged by my bank.

Your Authorized Signature (Required)	Signer's Name – Please Print	Date
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Please remember to:

- ☐ Indicate whether your debited payment amount is from a checking or savings account.
- ☐ Provide your bank account and routing numbers.
- ☐ Indicate the amount you request to pay each month and the date you want the payment debited from your bank account.
- ☐ Include your current address and daytime telephone number.
- ☐ Sign the Amnesty Installment Agreement Request form.